



License # \_\_\_\_\_

**License Fee: \$257.00** (Includes \$7 record check fee)

## APPLICATION FOR ADULT ORIENTED ESTABLISHMENT

For a one-year period beginning: \_\_\_\_\_

Ending: \_\_\_\_\_

**(Please Print)** Applicants must submit verification of age – attach copy of Driver's License to this application.

☐ Individual (Name) \_\_\_\_\_ (D.O.B.) \_\_\_\_\_

☐ Partnership Name \_\_\_\_\_

☐ Corporation \_\_\_\_\_

**(For Partnerships) Names of ALL partners:**

Full Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Full Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

**(For Corporations) please complete following:**

Registered Name: \_\_\_\_\_

State of Incorporation: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_

**List all shareholders (owning more than 5% of the stock), officers and directors:**

Full Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_ Position: \_\_\_\_\_

Full Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_ Position: \_\_\_\_\_

**(Attach sheet if more shareholders)**

**TRADE NAME:** \_\_\_\_\_

**PREMISE ADDRESS:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**BUSINESS TELEPHONE NUMBER:** \_\_\_\_\_

**D. SIGNATURE – To be signed in the presence of a Notary Public!**

I, the undersigned applicant, being duly sworn on oath, do hereby declare that the above information is true and correct.

Subscribed and sworn to before me this



\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public, State of Wisconsin

My Commission expires: \_\_\_\_\_